

**Plasma plant sterols serve as poor markers of cholesterol absorption in man****Bioavailability of the oral D<sub>7</sub>-cholesterol tracer***Rationale*

To study whether the slightly lower than expected FCA rates in our study were due to lower bioavailability of the oral D<sub>7</sub>-cholesterol tracer, caused by the method of administration.

In the present study, the oral D<sub>7</sub>-cholesterol tracer was administered in a stomach-soluble gelatine capsule with a standardized breakfast, instead of being solubilized in an oily or fatty substance. Theoretically, this may have hampered incorporation of the oral tracer into mixed micelles and thereby absorption of the oral D<sub>7</sub>-cholesterol tracer, possibly resulting in lower measured FCA.

*Methods*

We measured plasma D<sub>7</sub>-cholesterol enrichment over a period of seven days after administration of the oral D<sub>7</sub>-cholesterol tracer in three different ways: i. 50 mg D<sub>7</sub>-cholesterol in powder form in a capsule with a standard breakfast, identical to our study (test 0); ii. 50 mg D<sub>7</sub>-cholesterol in powder form in a capsule with a high-fat breakfast (test 1); iii. 50 mg D<sub>7</sub>-cholesterol dissolved in cocoa butter in a capsule, with the standard breakfast (test 2). This was done in a crossover experiment, with 2-week intervals between the study periods. During each study period, plasma D<sub>7</sub>-cholesterol enrichment was measured at T=0, T=9, T=11, T=24, T=48, T=72, T=120 and T=168h after ingestion of the D<sub>7</sub>-cholesterol. The study population consisted of eight randomly selected male subjects from the 80 participants of our study, who still met the original in- and exclusion criteria (Supplemental Table 1). The composition of the breakfasts is described in table 2.

Supplemental Table 1. Subjects characteristics (N=8, males)

Age (years)	61.6 ± 8.2
BMI (kg/m <sup>2</sup> )	28.2 ± 2.2
Systolic blood pressure (mmHg)	150 ± 9
Diastolic blood pressure (mmHg)	88 ± 8
Total cholesterol (mmol/L)	5.75 ± 0.87
LDL-cholesterol (mmol/L)	3.73 ± 0.55
HDL-cholesterol (mmol/L)	1.42 ± 0.27
Triglycerides (mmol/L)	1.25 [0.73 -2.07]
Campesterol (mg/dl)	0.64 ± 0.24
Campesterol/TC (ug/mg)	1.10 ± 0.33

Data are presented as means ± SD. Triglycerides are shown as median [range].

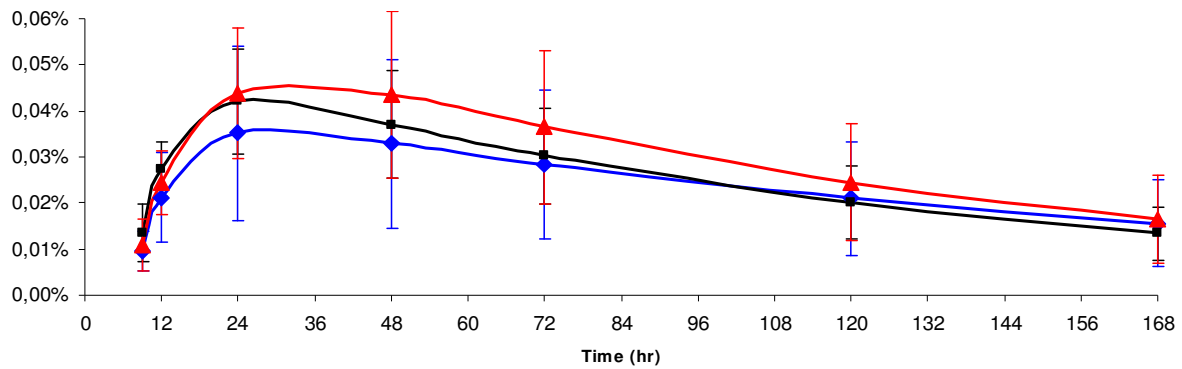
Supplemental Table 2. Composition of breakfasts

	Test 0	Test 1	Test 2
Composition	Standard breakfast*	Standard breakfast + 30 g margarine and one extra slice of bread with marmalade	Standard breakfast + one extra slice of bread with marmalade
Administration of oral D <sub>7</sub> -cholesterol	50 mg powder in one capsule	50 mg powder in one capsule	50 mg dissolved in 2385 ± 8,5 mg cacao butter, divided over 4 capsules
Energy (kcal)	458	769	610
- Protein (kcal)	100	115	115
- Carbohydrate (kcal)	211	323	323
- Fat (kcal)	148	332	173
Cholesterol (mg)	29	31	30

\*The standard breakfast was identical to the breakfast provided in the main study, consisting of 2 slices of whole wheat bread with 15g of margarine, 40g cheese, 150ml semi-skimmed milk, and coffee with a small slice of gingerbread.

We found no significant difference in the plasma D<sub>7</sub> cholesterol enrichment curves between the three study periods, as determined by testing the AUC on a per subject basis (Supplemental Figure 1). This rules out the option that the observed somewhat lower fractional cholesterol absorption rates can be attributed to the method of administration of the oral D<sub>7</sub>-cholesterol tracer.

Supplemental Figure 1. Plasma D<sub>7</sub> cholesterol enrichment curves



No significant differences between plasma D<sub>7</sub>-enrichment curves after the original method of administration (rectangles); the high fat breakfast (triangles) and the D<sub>7</sub>-cholesterol dissolved in cocoa butter with a normal breakfast (diamonds) at either of the timepoints.